

PARENT INFORMATION FORM

Name of Parent/Person Completing This Form:	Date of Birth:	Date Form Completed:
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Please complete all portions of form in your own handwriting in ink. Answer every question. Use additional paper as necessary to ensure all answers are complete. Each person parenting in your home should complete a separate form (make copies if necessary).

Name of Child:	Date of Birth:	School:
Name of Child:	Date of Birth:	School:
Name of Child:	Date of Birth:	School:
Name of Child:	Date of Birth:	School:

List addresses and dates of residence for the past five years, current residence first:

Address:	Dates of residence:

Home Phone #	Mobile Phone #	Work Phone #
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EDUCATION HISTORY: (Please list highest level of education first)

Name of Institution:	Degree/Certificate Earned:	Date of Graduation

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EMPLOYMENT HISTORY:

Employer Name & Address	Job Title & Type of Work	How Long?
Previous Employer	Position	Dates of Employment
Previous Employer	Position	Dates of Employment
Previous Employer	Position	Dates of Employment

Please explain any gaps in employment: _____

YOUR ARREST HISTORY:

Please list all arrests, plea bargains, charges (regardless of outcome) and criminal convictions, including alcohol related traffic offenses.

Offense	Outcome/Sentence	Location	Date

Names, relationship, and date of birth of all people residing with you.

Full Name	Relationship	Date of Birth

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For each person living with you, please list all arrests, plea bargains, charges (regardless of outcome) and criminal convictions, including alcohol related traffic offenses.

Person	Offense	Outcome/Sentence	Location	Date
Your Father's Name		Father's Address	Father's Phone #	
Your Mother's Name		Mother's Address	Mother's Phone #	
Siblings Name		Siblings Address	Siblings Phone #	
Sibling's Name		Sibling's Address	Sibling's Phone #	
Sibling's Name		Sibling's Address	Sibling's Phone #	
Sibling's Name		Sibling's Address	Sibling's Phone #	

Describe your relationships with above family members:

MARRIAGE HISTORY:

Please list any and all marriages, including name of spouse, date of marriage, and date of divorce:

When and how did you meet your child(ren)s other parent?

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When and why did you separate from your child(ren)s other parent?

Please list names, date of birth, name of other parent, and residence address of other children from other relationships: _____

MEDICAL AND MENTAL HEALTH HISTORY:

Please list any **medical and mental health** treatment you have received, and the condition or circumstance for which you sought treatment.

Condition	Dates of Treatment	Doctor or Counselor, including address and phone #

Do you smoke? _____ If so, how much/how often? _____

Do you smoke in the presence of children? _____

Do you drink alcohol? _____ If so, how much/how often? _____

Do you drink when your children are with you? _____

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PARENTING INFORMATION:

From your perspective, why is this CFI necessary? _____

Please answer or comment on the following questions. Please answer questions for you in the left column, and for the other parent in the right column.

	You	Other Parent
Parenting strengths		
Parenting that needs improvement		
Books read on parenting, and what you learned		
Parenting classes taken, and what you learned		
Interaction with other parent strengths		
Interaction with other parent that needs improvement		
Agreements made between parents for child(ren)s best interest		

What is the ideal division of parenting responsibilities and time for your child(ren). Why?

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What are your top 4 concerns for your child(ren)?

1. _____
2. _____
3. _____
4. _____

Is there anything else I should know about you?
Is there anything else I should know about the other parent?
Is there anything else I should know about other adults in your household?

By signing below I certify that I have used my best efforts to gather all information, and that all the information I have provided is true, accurate and complete.

Date: _____

Signature of person completing form: _____